

CARROLLWOOD RECREATION DISTRICT BOAT REGISTRATION

Date _____

Decal # _____

Key # _____

Name of CRD Resident _____

Address of CRD Resident _____ Own _____ Rent _____

Phone _____

Make of craft _____

Color of craft _____

Type of craft _____

FL Registration Number _____

Expiration Date _____

The undersigned owns or rents the residence at the above-noted address (the "Property"), which is considered part of Original Carrollwood and agrees to abide by all applicable laws relating to recreational boating, and the Boating Safety Rules for White Sands Beach which has been provided to undersigned by the Carrollwood Recreation District, a special district of the State of Florida organized and existing pursuant to Ch. 99-418, Laws of Florida (the "District"). In consideration of owning or renting the Property, as long as I continue to own or rent the Property, and continue to comply with all state regulations and the additional rules provided by the District, I am entitled to access and use the facilities and properties located in Original Carrollwood, including the parks, beaches, tennis courts and /or the boat ramp ("Facilities"). Failure to comply with any such rules and regulations by anyone operating the above-described watercraft will result in the privilege of using White Sands Beach being suspended. District vessel decals and boat ramp keys are for District residents only. Therefore, if I no longer own or lease the Property, or in the event I own the Property and lease it to another person, any rights I otherwise have as a resident of Original Carrollwood to access and use the Facilities will be revoked and I agree that I will be obligated to return any key and boat decals to the District's Recreation Center manager.

Additional Rules and Regulations for White Sands Beach and the boat ramp at White Sands Beach are being provided at this time to the undersigned who is the owner of the boat or personal watercraft described above.

Signature of Owner/Tenant

Date signed

Violations:

Date	Name	Nature of Violation
_____	_____	_____
_____	_____	_____

**CARROLLWOOD RECREATION DISTRICT (CRD)
DECLARATION OF RESIDENCY
FOR BOAT DECALS, FOBS, AND KEYS**

As a resident of Original Carrollwood who complies with the rules and regulations implemented by the Carrollwood Recreation District, I may purchase boat decals, fobs (remote keyless entry devices) for White Sands Beach, and keys for Original Carrollwood parks, tennis courts, bathrooms, and boat ramp (“Facilities”).

If I sell or lease my Property, I will return my keys and fobs to the CRD office (3515 McFarland Road), and the new owner or tenant may purchase boat decals, beach fobs, and keys. If I fail to return keys and fobs upon selling or leasing Property (or at the request of the District), I will be responsible for expenses resulting from such failure, including but not limited to the District’s attorneys’ fees and costs. Furthermore, I understand that unauthorized use of Facilities may violate applicable laws and may result in charges (including trespassing) by local law enforcement.

I agree to assume all risks associated with use of Facilities, which extends to my family, guests, and invitees regarding access and use of Facilities. I also acknowledge that the District is not responsible for any damage to or theft of any property of mine, my family, guests, or invitees and agree for me, my family, guests, invitees (and their respective heirs, successors, and assignees) to indemnify, release, defend, and hold the District harmless (including its directors, officers, trustees, agents, and employees) from any and all claims, damages, losses, and expenses, whether in contract or in tort, including without limitation attorneys’ fees and costs arising out of or resulting from the access and use of Facilities or the acts or omissions of myself, my family, guests, or invitees (including anyone for whom they may be responsible).

I understand and agree to abide by these terms herein.

Property Address: _____

Fob Number(s): _____

Resident Signature: _____ Date: _____

Printed Name of Resident: _____

Witness Signature: _____ Date: _____

Printed Name of Witness: _____